Fee Transmittal Form    Drawing(s)	TRADEMARK TR	perwork Reduction Act of 1995  RANSMITTAL FORM  all correspondence after initial T Pages in This Submission		S are required to respond to a second to a	No Pa	nt and Tra on of infor 0/706,6 ovember amela 761	er 12, 2003 Lynn Teran A. Paden		
Fee Transmittal Form    X   Fee Attached			ENC	LOSURES (Check a	all that	t apply)	After Allowance Communication to TC		
Firm Name  Cook, Afax, McFarron, Manzo, Cummings & Mehler, Ltd.  Signature  Printed name  Raymond M Mehler	X Amendman A	X   Fee Transmittal Form   X   Fee Attached   X   Amendment/Reply   After Final   Affidavits/declaration(s)   X   Extension of Time Request   Express Abandonment Request   Information Disclosure Statement   Rerust   Reply to Missing Parts/ Incomplete Application   Reply to Missing Parts		Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD			Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):		
Printed name Raymond M Mehler	Firm Name	Firm Name							
Printed name Raymond M Mehler		Cook, Afex, McFarron, Manzo, Cummings & Mehler, Ltd.							
Por No. 1 ag aga		Printed name							
	Date					No.	26,306		

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE uction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number ler the Paperwork Ri Effective on 12/08/2004. Complete if Known Fees Linguistan Consolidated Appropriations Act, 2005 (H.R. 4818). 10/706,633 **Application Number** RANSMIT Filing Date November 12, 2003 For FY 2005 First Named Inventor Pamela Lynn Teran **Examiner Name** Carolyn A. Paden Applicant claims small entity status. See 37 CFR 1.27 1761 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 320.00 Attorney Docket No. 0803-0110 METHOD OF PAYMENT (check all that apply) Check Credit Card L Money Order None Other (please identify): Deposit Account Name: Cook, Alex, McFarron, Manzo Deposit Account Deposit Account Number: 50-1039 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Fee (\$) Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> Utility 300 200 150 500 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 600 Reissue 300 150 500 250 300 200 100 n O 0 Provisional O 2. EXCESS CLAIM FEES Small Entity Fee (\$) <u>Fee (\$)</u> Fee Description Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 **Multiple Dependent Claims Total Claims Extra Claims** Fee Paid (\$) Fee (\$)

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SUBMITTED BY	-0	00 1611		
Signature	Fee	nd (ullian	Registration No. (Attorney/Agent) 26,306	Telephone 312-236-8500
Name (Print/Type)	Raymond M	Mehler		Date July 14, 2005

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